

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Application Number</td> <td>10/702,098</td> </tr> <tr> <td>Filing Date</td> <td>November 5, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Joel D. Martz</td> </tr> <tr> <td>Title</td> <td>CONSTRUCTION OF CARPET WITH BREATHABLE, etc.</td> </tr> <tr> <td>Art Unit</td> <td>1785</td> </tr> <tr> <td>Examiner Name</td> <td>Juska, Cheryl Ann</td> </tr> <tr> <td>Attorney Docket Number</td> <td></td> </tr> </table>	Application Number	10/702,098	Filing Date	November 5, 2003	First Named Inventor	Joel D. Martz	Title	CONSTRUCTION OF CARPET WITH BREATHABLE, etc.	Art Unit	1785	Examiner Name	Juska, Cheryl Ann	Attorney Docket Number	
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Examiner Name	Juska, Cheryl Ann														
Attorney Docket Number															

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

04219

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

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I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature **X** Date **August 11, 2010**

Name **JOEL D. MARTZ** Telephone _____

Title and Company _____

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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